

#3

Attorney's Docket No. _____

PATENT



COMBINED DECLARATION AND POWER OF ATTORNEY

ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: if one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.

- ☐ divisional
☐ continuation
☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A Method and a Device for Reminding of an Unanswered Call

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
(b) ☒ was filed on 20 Dec. 2000 as ☒ Serial No. 09/742,931
or ☐ Express Mail No., as Serial No. not yet known
and was amended on _____ (if applicable)

(Declaration and Power of Attorney [1-1]-page 1 of 5)

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- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☒ which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Finland	19992752	21.12.1999	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Clarence A. Green (24,622)
Harry F. Smith (32,493)
Mark F. Harrington (31,686)

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Declaration and Power of Attorney [1-1]-page 3 of 5)

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)
Mark F. Harrington
(203) 259-1800

Full name of third joint inventor, if any

Petri

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

RUUTIKAINEN

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Lapintie 3 B 32, FIN-33100 Tampere

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM
A PART OF THIS DECLARATION

- ☒ Signature for fourth and subsequent joint inventors. *Number of pages added* 1
...
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or
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...
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorised under
37 CFR 1.47. *Number of pages added*
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☐ This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 5 of 5)

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of fourth inventor, if any

<u>Kaisa</u>	<u> </u>	<u>VÄÄNÄNEN-VAINIO-MATTILA</u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature _____
Date _____ Country of Citizenship Finland
Residence Tampere, Finland
Post Office Address Muotialantie 20, FIN-33800 Tampere

Full name of fifth joint inventor, if any

<u> </u>	<u> </u>	<u> </u>
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

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Clarence A. Green (24,622)
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Declaration and Power of Attorney [1-1]-page 3 of 5)

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DIRECT TELEPHONE CALLS TO:

Perman & Green
425 Post Road
Fairfield, CT 06430-6232

(Name and telephone number)
Mark F. Harrington
(203) 259-1800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

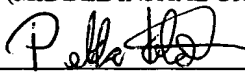
Pekka

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

KETOLÄ

FAMILY (OR LAST NAME)

Inventor's signature 

Date 30 March 2001

Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Arkkitehdinkatu 5 E 16, FIN-33720 Tampere

Full name of second joint inventor, if any

Tea

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

LIUKKONEN-OLMIALA

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Jääli, Finland

Post Office Address Lunkintie 6 D, FIN-90940 Jääli

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Petri

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RUUTIKAINEN

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VÄÄNÄNEN-VAINIO-MATTILA

FAMILY (OR LAST NAME)

Inventor's signature

Date April 5th, 2001 Country of Citizenship Finland

Residence Tampere, Finland

Post Office Address Muotialantie 20, FIN-33800 Tampere

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(MIDDLE INITIAL OR NAME)

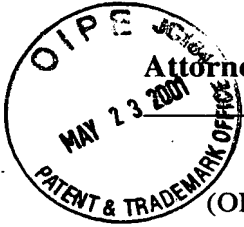
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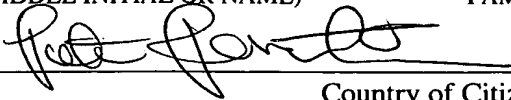
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